

Children's Mental Health Workshop

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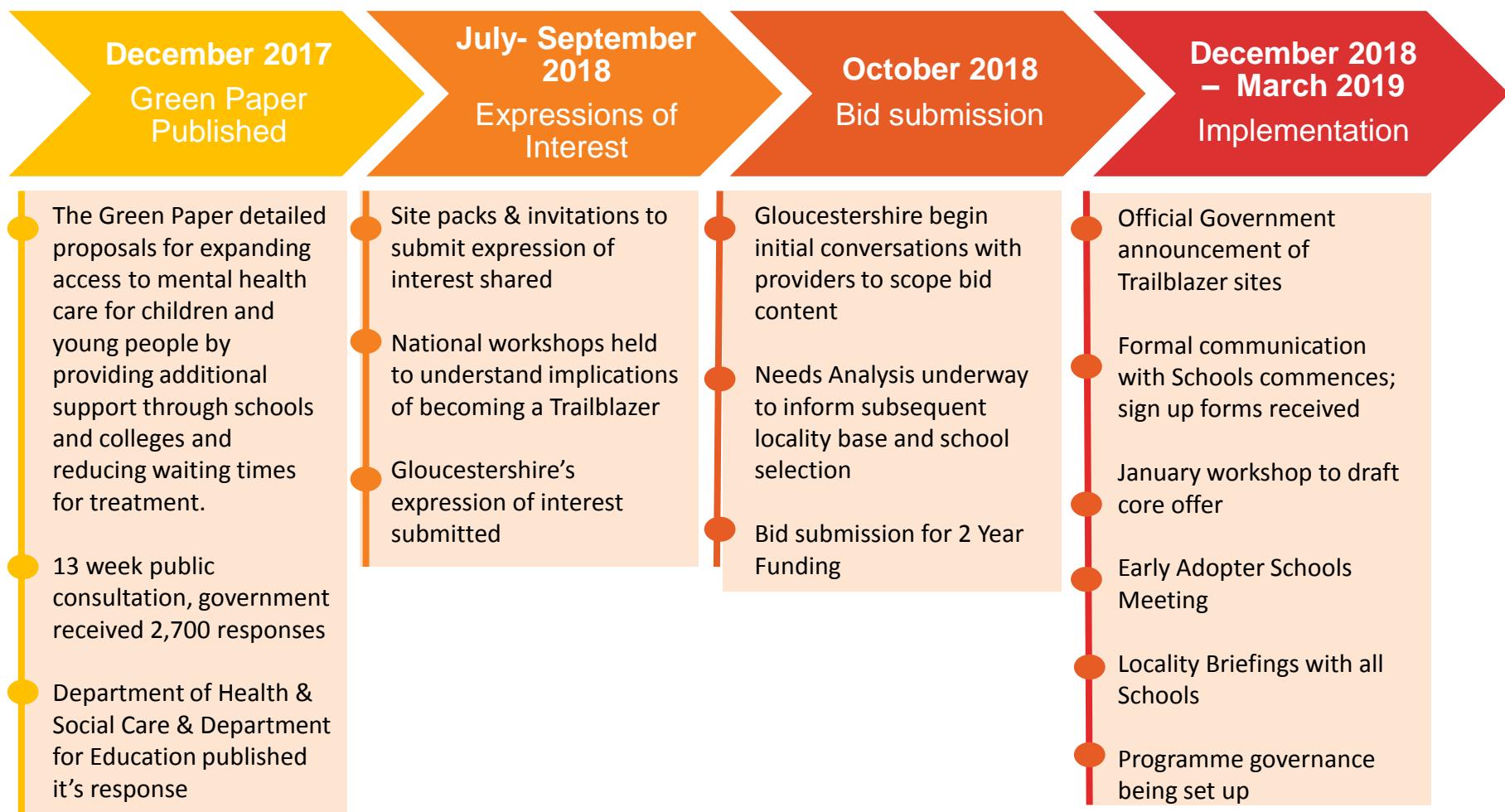
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Mental Health Trailblazer

The Programme so far.....

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What's happened so far?



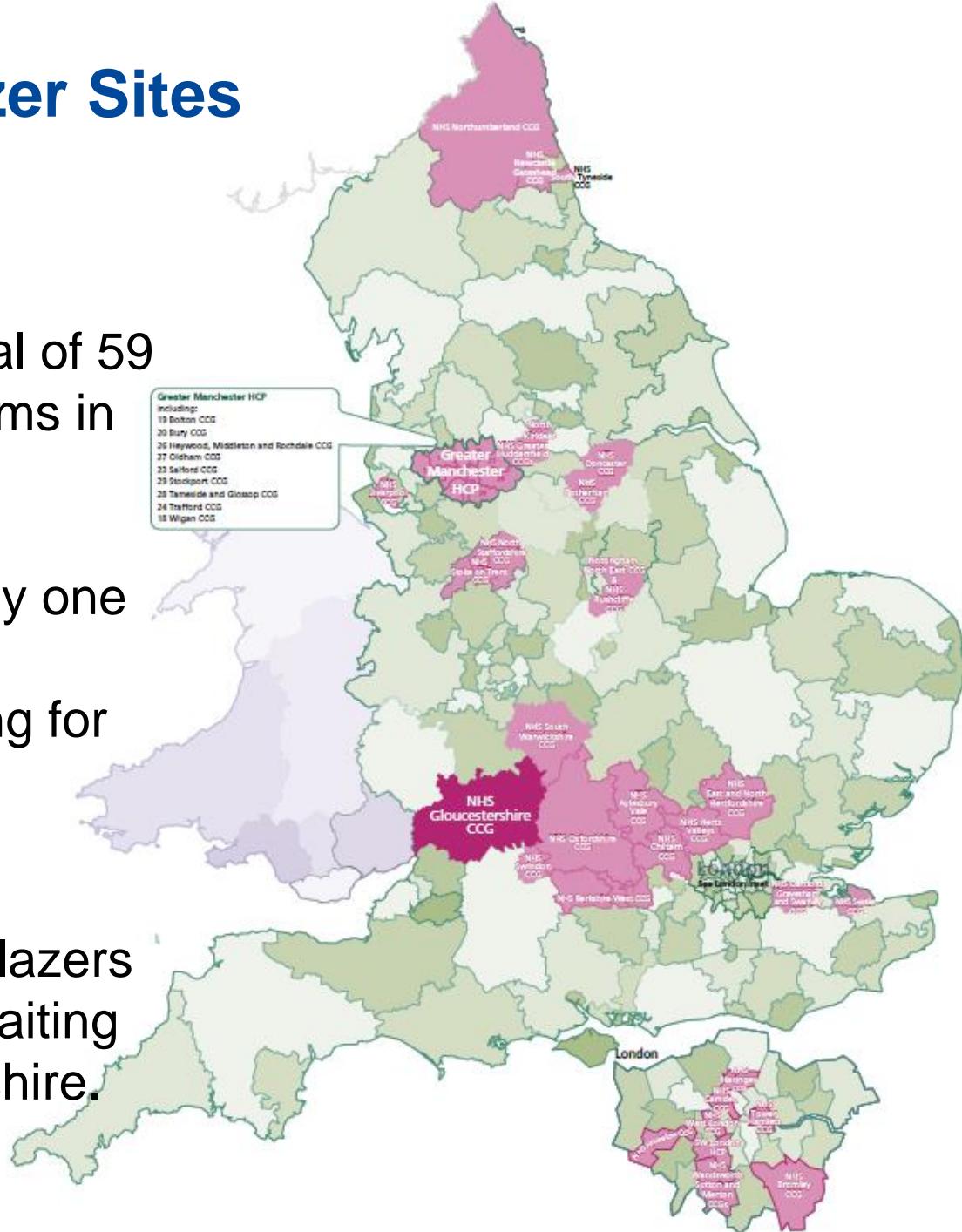
Trailblazer Programme: Commitments & Vision

- Establishing new **Mental Health Support Teams (MHSTs)** – to develop models of early intervention on mild to moderate mental health issues, such as exam stress, behavioural difficulties or friendship issues, as well as providing help to staff within a school and college setting. The teams will act as a link with local children and young people's mental health services and be supervised by NHS staff;
- **Trialling a four-week waiting time** for access to specialist NHS children and young people's mental health services, building on the expansion of NHS services already underway.

Countrywide Trailblazer Sites

MHSTs

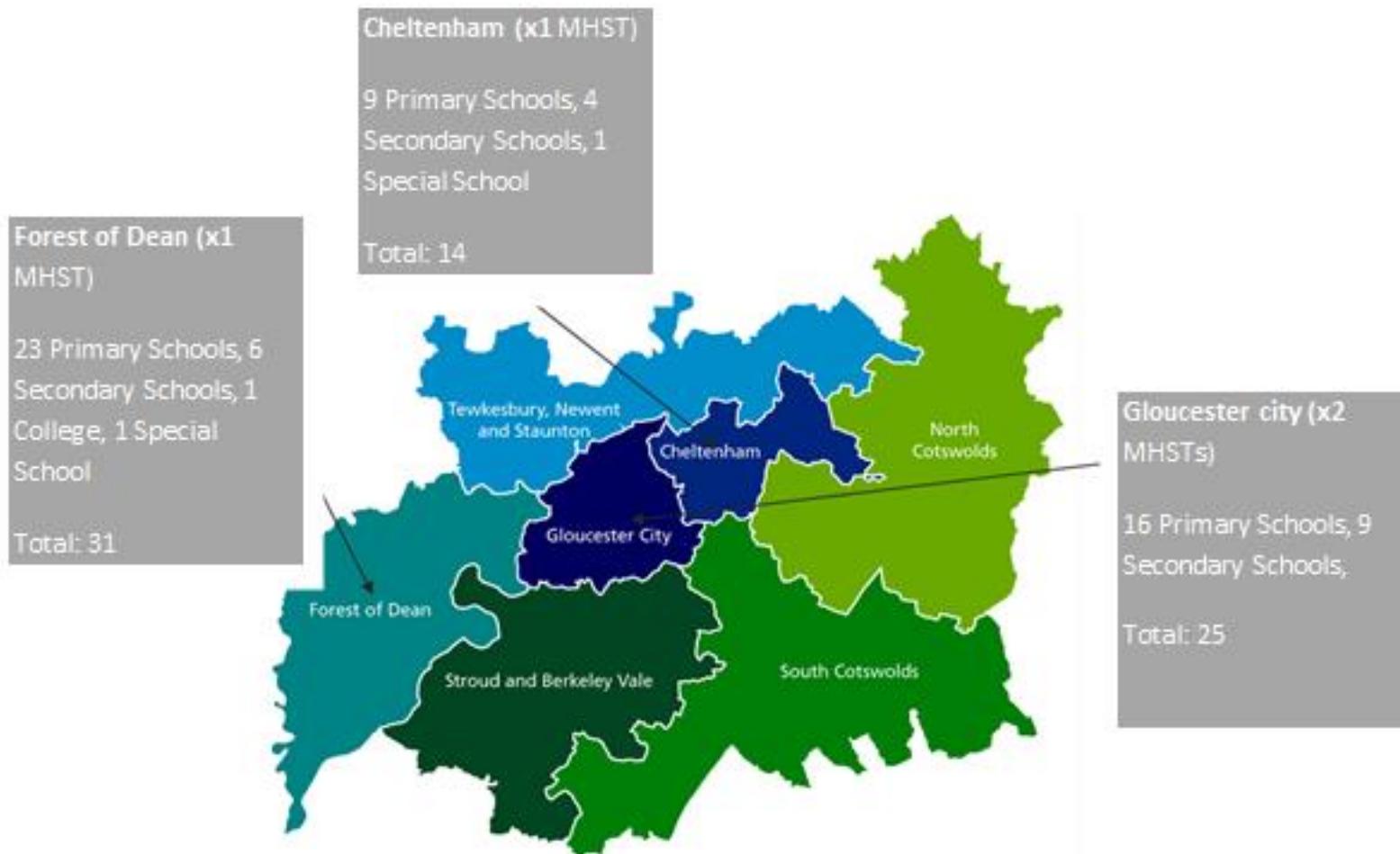
- Gloucestershire is 1/25 Trailblazers to launch a total of 59 Mental Health Support Teams in 2019.
- We also share the highest number of MHST's with only one other region securing four.
- This equates to £5m funding for the county.



4ww

- Of these 25 sites, 12 Trailblazers will also trial a four-week waiting time, including Gloucestershire.

Mental Health Support Teams: The Distribution



Mental Health Support Teams

Each team has:-



- **4 Education Mental Health Practitioners** – a new workforce at Band 4, training at University of Exeter with supervised practice for a year, qualifying at Band 5
- **2 Mental Health Practitioners** – experienced Mental health Practitioners that will supervise the trainees and provide more expert and in depth assessment and intervention if required
- **0.5 Team Manager** – managing each team and assures quality activity and governance.
- **Additional Face to Face Counselling** – provided by TIC+

Mental Health Support Teams

- Staff will be located in a central office working peripatetically across each locality
- Staff will regularly visit schools and liaise with the designated Mental Health lead re: concerns
- Meetings with children, young people, staff and parents will take place in an agreed location, both in and out of schools.
- Schools will provide a bookable room for small, 1:1 and group work and somewhere larger for whole-year workshops
- MHST staff will need access to School wifi, but they will be working remotely with laptops & mobiles
- Promoting multiagency working (knitting pathways together!)



Universal - Whole School Approach

- Forums/ School Assemblies on Mental Health topics agreed with the School
- Peer mentoring
- Workshops (young people/ parents/ staff)



Targeted - Mild Identified Need

- Professional/Self referral route for counselling at an agreed venue
- 1:1 CBT provision for mild mental health / emotional well being issues within in an agreed setting
- Facilitated Parent/Peer Support Groups
- Targeted group work on Mental Health topics



Specialist - Moderate to Severe Identified Need

- Mental Health Assessment to assess possible mental health needs in order to access the required support in the most appropriate setting and/or referral for specialist intervention
- Attendance at multi agency meetings to provide specialist psychiatric/mental health perspective
- Short term direct work
- Coordinating Peer Mentoring

Learning from The Schools Pilot

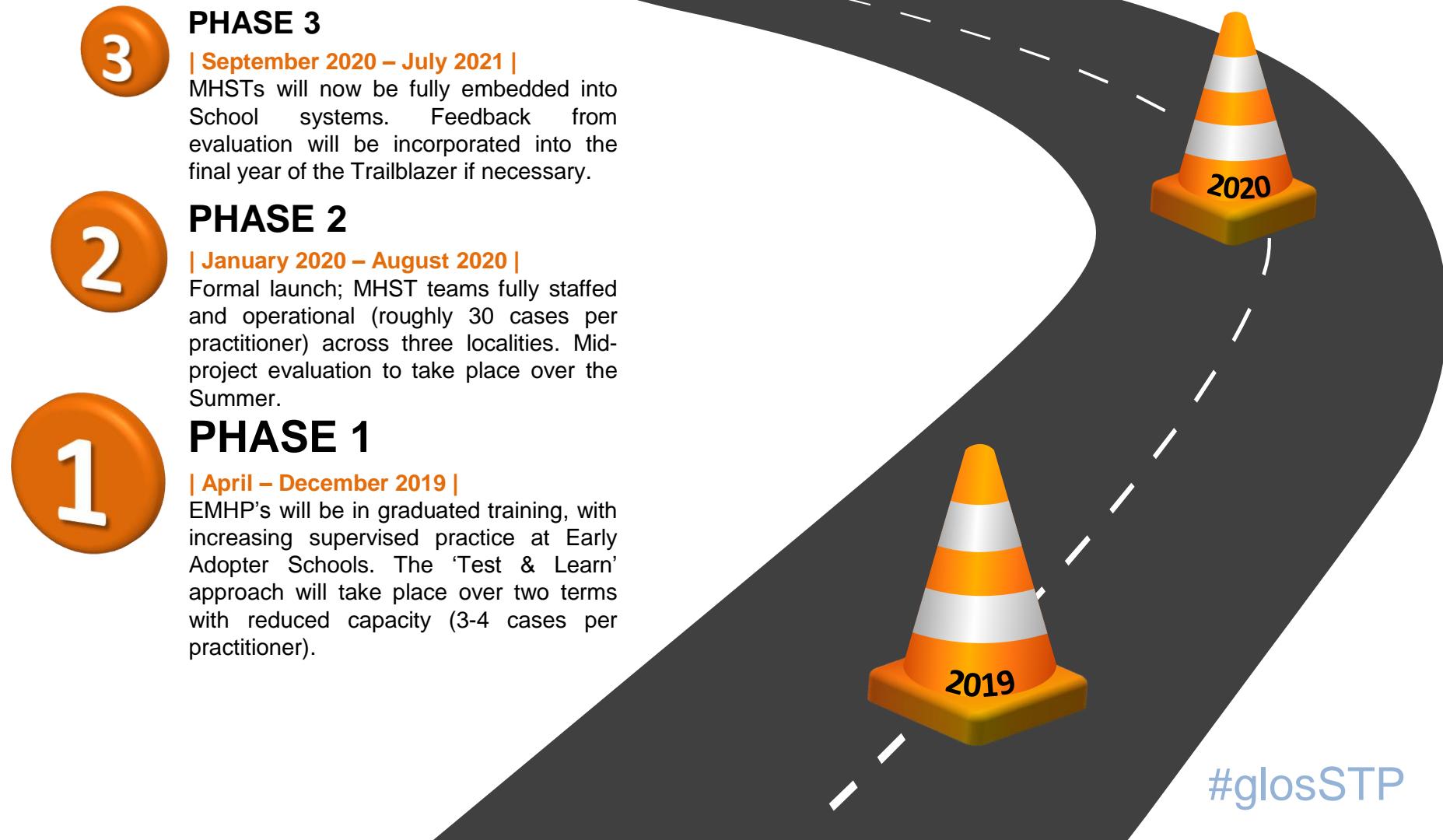
Findings:

- The **face-to-face** consultation time between MH practitioner and school staff was reported to be the lynchpin of improved relationships between those two groups.
- Many respondents valued the **group work with students** and felt this supported a preventative approach, alongside individual referrals.
- There were no significant concerns raised by respondents about professional over-reach of teachers.
- **Communication**, both between individuals and organisations, was frequently cited by respondents to be key to improvements.

Success Criteria & Expectations

- More than 2,000 children receive an intervention from an MHST per year, 500 per team
- Increase in the number of appropriate referrals to specialist mental health services
- Reduction in the number of fixed term exclusions
- Reduction in the numbers of pupils not attending school due to wellbeing issues
- Increase in wellbeing score via routine outcome measures
- Parents/Schools/CYP feel support is easily available and of good quality.
- Increase in staff confidence to deal with issues within schools
- Increase in staff wellbeing

Implementation Timeline: Three Phase Approach



TiC+ Parent Advice Line

Judith Bell, Director of Counselling, Teens in Crisis

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TIC+

Parent Support Advice Line

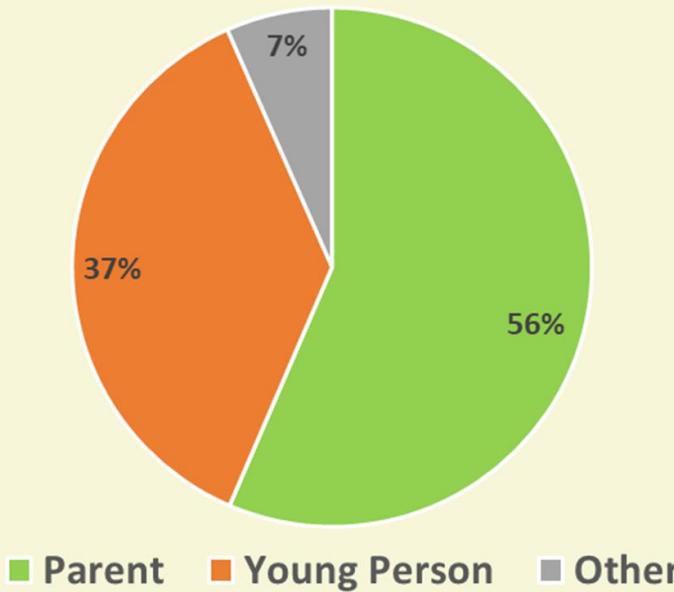
Who is it for?

Parents and carers of children and young people in Gloucestershire worried about the emotional wellbeing or mental health of their child (age 0-25).

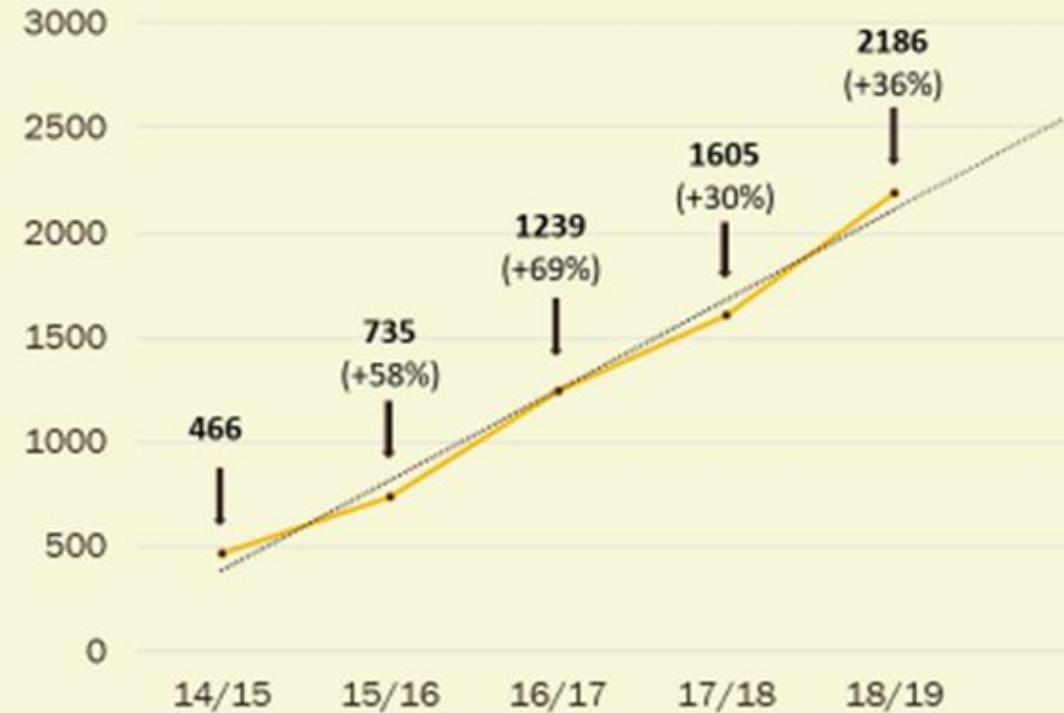




2017/18 SELF REFERRALS MADE BY



SELF-REFERRALS ACADEMIC YEAR (YR/YR)





PARENT FOCUS GROUPS AND ONLINE SURVEY

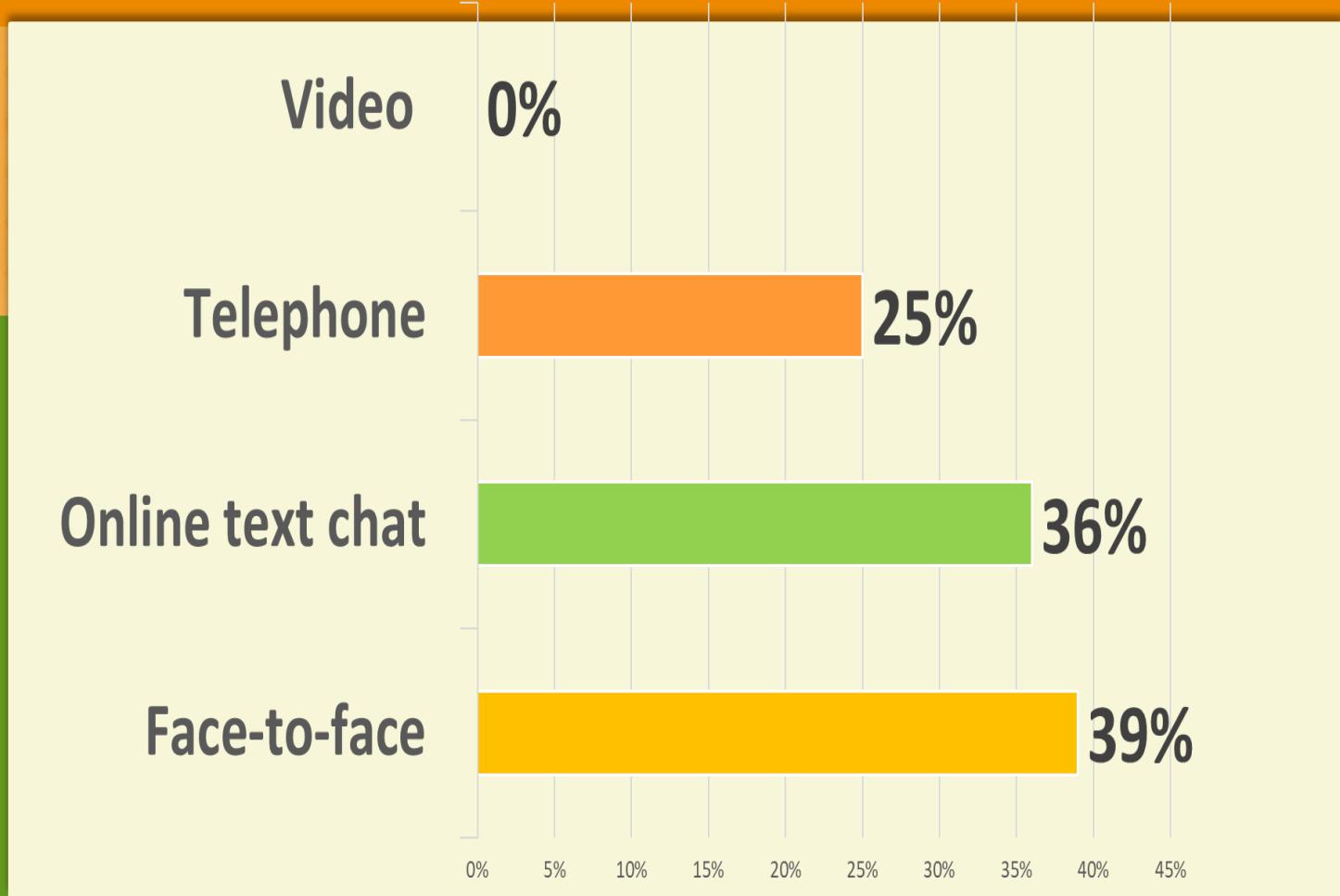
“...for me to just be able to have spoken to somebody that was sensible that was independent from everyone else.”
(Mother)

“It's true it's true, when your child is in crisis you are too.”
(Father)

“How to look after yourself because actually protecting yourself emotionally is important.”
(Mother)



Q: Choice of medium for 1-1 support





Q: What topics would you find most useful to discuss?

- How to support my child with anxiety/low confidence/self-esteem
- Dealing with anger in my child
- Supporting my child in trauma
- Anything to do with teenagers!
- How to not take it personally
- Depression guidance
- Suicide guidance
- Dealing with anger/aggression
- Self-harm advice
- Advice with panic attacks
- Mental health and screen use
- Dealing with bullying
- How to get further help

Free phone & Text-chat Drop-in

Limited face-face drop-in

PSAL Delivery Model

Support

Psycho-education

Coaching

Signposting

*Delivered by qualified
counsellors*



PARENT SUPPORT & ADVICE LINE

FREE - CONFIDENTIAL - ANONYMOUS



TIC+ cares – we're here to help!

If your child is 0-25 years old and lives in Gloucestershire, drop-in to our free, anonymous, confidential helpline during open times and talk to one of our trained parent support advisors.

YOU ARE NOT ALONE



PARENT SUPPORT LINE
0800 6525675

PARENT SUPPORT WEB CHAT
www.ticplus.org.uk/parents-carers





TEXT 07520 634063



CALL 01594 372777

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Parents & Carers



PARENT FREEPHONE



ONLINE CHAT



Parent Support

**Parent & Carer
Support**

**Family
Counselling**

**TIC+ Services
Children & Young People**



Online reception and counselling

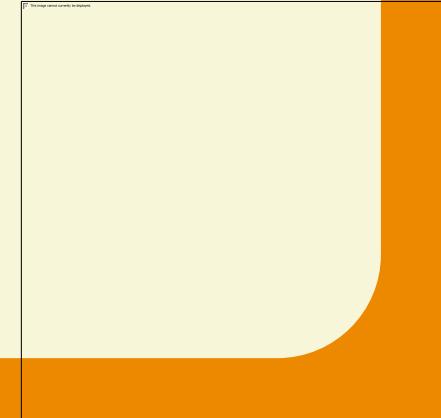


fully moderated &
facilitated text-chat
peer support groups
Autumn/Winter 2019

Launch
15th April 2019

**30 delivery hours per
week - shifts:**

- **MON** 5pm – 9pm
- **TUES** 9.30am – 1pm
- **WED** 5pm – 9pm
- **SAT** 9.30pm – 1pm





Parent Outcomes

- Reduce isolation
- Emotional support
- Peer support
- Increased awareness and understanding
- New/improved parenting skills
- Increased confidence & resilience
- Improved parent-child relationship



Self-Harm and Suicide

Vikki Clarke, Public Health Outcome Manager
Beth Bennett-Britton, Public Health
Consultant

Self-Harm

- National survey evidences emotional mental illnesses increasing amongst young people
- Local data shows 60% self-harm admissions are female, teenage years most common and declines with age
- In 2017 Health and Wellbeing Board initiated a 'deep dive' into self-harm as hospital admission rates in Gloucestershire are significantly higher than England as a whole
- Reasons for the high rates in Gloucestershire are complex:
 - London and South East are low, all other areas are high
 - Linked to deprivation, rates are higher in Gloucester
 - More demand reaching A&E (could indicate better services and easier access to hospital or worse community services)
 - A higher proportion of A&E attendances being admitted (could be better adherence to NICE guidelines e.g. recommend admission if they're a child)
 - Admissions being inconsistently recorded (e.g. grey area around substance misuse being coded as self-harm)

Self-harm prevention

- Prevention, Wellbeing and Communities Hub undertook comprehensive engagement exercise (interviewed stakeholders, survey of people and families with lived experience)
- Developed Self-Harm Prevention Action Plan currently being implemented
- Actions include:
 - Review of the Self-Harm Helpline
 - Local adaptation of the ‘Harmless’ tool to support professionals to manage CYP at risk of self-harm
 - Improve G-Care guidance for GPs
 - Increasing access to face-to-face counselling for CYP

Suicide Prevention

- Gloucestershire Suicide Prevention Strategy - July 2015 to June 2020, available here
<https://www.goucestershire.gov.uk/health-and-social-care/public-health/goucestershire-suicide-prevention-partnership/>, led by multi-agency Suicide Prevention Steering Group
- Gloucestershire Suicide Prevention Partnership is network of 251 individuals and 112 organisations with an interest in suicide prevention

Suicide Prevention cont.

- Key actions from our action plan:
 - Training opportunities:
 - ASIST training (suicide first aid)
 - Zero Suicide Alliance 20 minute online training in suicide first aid (<https://www.zerosuicidealliance.com/>)
 - Postvention training (PABBS) (timely support for people bereaved or affected by suicide)
 - Appointed a GP to work with practices to improve the information and training they have to identify people at risk of suicide and support them appropriately (started in Sept 18 for ½ day per week)
 - Engaging ‘non-traditional’ partners e.g. Job Centre, construction industry, Forestry Commission
 - Work with Comms team to raise awareness of the importance of sensitive media reporting of suicide to reduce risk to those who are vulnerable, balanced with the need to tackle stigma.

Questions

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